

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 937377 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL IND.			12			
TOTAL DEP.			12			
TOTAL CLAIMS			13			

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IND.	DEP.	IND.
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TOTAL IND.		
TOTAL DEP.		
TOTAL CLAIMS		

PTO-1350 (3-78)

NOTICE: THIS FORM IS FOR ADDITIONAL CLAIMS OR AMENDMENTS

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